

Board Meeting
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Grampian Health and Care Strategic Change Board

Terms of Reference

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1. Purpose

The Strategic Change Oversight Board aims to ensure whole system co-ordination, leadership and oversight of programmes of work within its remit by creating the necessary governance, conditions for change and capacity to support the delivery of strategic change priorities set out in the Route Map for Strategic Change. This can only be achieved by working in collaboration with system partners on shared priorities across the health and care system at a local, regional and national level.

It is widely recognised that radical transformation is not an easy thing to do; change and transformation are always difficult, they create uncertainty, and they require us to give up what we have in exchange for something new. This is particularly difficult when it involves something that is very important to us, such as the health and care services that we and our families will all need to call on at some point in our lives.

Change will not happen overnight and the first year of the Strategic Change Board will allow us to learn together in the shared aim of providing health and care services that will best meet the needs of future generations and deliver high quality health and care to the people of Grampian.

The Strategic Change Board on behalf of the Chief Executive Team (CET) - which includes HSCP Chief Officers - will be tasked to:

- Provide the necessary oversight and steer of the development of the Route Map for Strategic Change prior to submitting this to CET – which includes HSCP Chief Officers - and to the NHS Grampian Board and as required to the 3 IJBs and Scottish Government. To mark a deliberate step change towards greater system working the North East Partnership Steering Group will also provide an opportunity for IJB Chairs and Vice Chairs to discuss key issues as they arise.
- Commission, co-ordinate and seek assurance on both the NHS Grampian and agreed cross-system programmes of change to deliver on agreed outcomes as per the agreed Route Map for Strategic Change and fundamentally the ambitions set out in organisational strategies; and
- Enable delivery of change in both the short and medium term by prioritising the necessary capacity and expertise (internally and externally), creating the environment for change, and where required, escalation to CET – which includes HSCP Chief Officers - and/or IJBs pertaining to strategic change as set out in the agreed Route Map.

The above will be done in the context of the NHS Grampian Plan for the Future and the 3 IJB strategic plans.

2. Role and Function

The specific objectives of the Strategic Change Board are:

- a. Oversee the collaborative system development and seek agreement on the Route Map for Strategic Change. It is envisaged this will be in two stages – 1) overarching framework for enabling strategic change in December 2024 and 2) detailed phasing of key priorities for change over the period initially up to 2028 agreed as part of the Medium Term Delivery Plan. A review point will be built in towards later in 2028 in line with the Plan for the Future timeline of 2032.
- b. Identify key areas of focus for transformation and strategic change against agreed outcomes, ensuring cohesion across NHS Grampian and the 3 IJB strategic plans, aligned to our shared strategic intent.

- c. Commission, provide oversight and seek assurance on key activities to support implementation of required change and de-commissioning and that these deliver against the agreed objectives and outcomes as set out in the Route Map for Strategic Change.
- d. Oversee and track the individual and whole impact (intended/unintended consequences) of the collective programmes of change through robust approach to system modelling, monitoring and learning.
- e. Oversee the prioritisation/re-prioritisation of change activities (linked to d) and the required capacity to ensure the objective prioritisation of change capacity across the system.
- f. Ensure delivery of the transformation and strategic change objectives set out within the Route Map for change which enables 'finding balance' as an agile and continuous process of risk/impact assessing, adjusting, prioritising and adapting based on a set of agreed parameters across the 4 domains of prevention and clinical, financial and staff governance.
- g. On behalf of the NHS Grampian CET, review and oversee the mitigation and management of strategic risk 3006 in relation to *Insufficient change and innovation to create a system which can meet demand and deliver on our strategic intent*.

3. Duties and Responsibilities

The Strategic Change Board will oversee the delivery of (and, where appropriate, make recommendations on) transformation and strategic change priorities. Specifically:

- i. Provide leadership to, and oversight of, agreed transformation and strategic change workstreams including associated KPIs, timelines, deliverables and milestones.
- ii. Ensure robust engagement and meaningful involvement with the public, staff and partners is at the heart of the delivery of our strategy, underpinning plans and the delivery of transformation itself.
- iii. Build relationships and actively engage with senior stakeholders in the delivery of agreed transformation and strategic change workstreams.
- iv. Promote alignment with local, regional and national strategies to eliminate duplication of effort and maximise effectiveness.
- v. Ensuring that all areas of transformation respond and seek to maximise opportunities for prevention, reduce health inequalities and improve health for all.
- vi. Commissioning areas of work which have a clear set of objectives, timescales and measures for success, with clear commitment of support and governance in response to priority areas enabling delivery of effective redesign which supports sustainability, performance and improved health outcomes.
- vii. Co-ordinating and prioritising deployment of implementation support/resources and expertise across priority areas on a short and medium term, based on agreed deliverables/outcomes and mitigation/management of risk.
- viii. Provide recommendations for realigning governance arrangements to ensure the delivery of transformation and strategic change priorities.
- ix. Consider and provide advice on the strategic implications of new and emerging policy (with a specific focus on the emerging Scottish Government Reform agenda) within the context of the provision of health and care delivery in Grampian.
- x. Establishment of a risk register to identify potential risks related to the delivery (and non-delivery) of transformation and strategic change priorities, mitigation strategies for identified risks, and monitoring and review of identified risks and mitigation strategies.

- xii. Provide collective leadership on the prioritisation and alignment of resources to support the transformation of the health and care system in line with the commitments of shared strategic aims.

The Strategic Change Board will also provide assurance to the Chief Executive's Team – which includes HSCP Chief Officers – on:

- i. The management of dependencies between Scottish Government / NHS Scotland, Integration Joint Boards, Health and Social Care Partnerships and other associated organisations regarding implementation and operationalisation of transformation initiatives such as business change, workforce and planning.
- ii. The operating model and governance of transformation and strategic change implementation within the remit of NHS Grampian
- iii. For the purposes of the review and oversight of the mitigation and management of NHS Grampian's Strategic Risk 3006 '*Insufficient change and innovation to create a system which can meet demand and deliver on our strategic intent*', PAFIC holds the primary oversight, which encompasses scrutiny regarding the management of this risk, including associated controls, mitigations and governance arrangements. The Population Health Committee also holds an overseeing role and will specifically take into account the causation and impact of the risk to delivering on our strategic intent from a population health perspective.

4. Authority

The Strategic Change Board is authorised to:

- Oversee the achievement of agreed priorities and associated powers of decision making. The views of all representatives will form an essential element of this within an open and transparent culture.
- Receive information and assurance of status of agreed priorities and be assured any risks are recorded, monitored and that mitigation plans are in place.

Each member of the Strategic Change Board will comply with existing accountability arrangements and will make decisions which are permitted under the appropriate organisational Scheme of Delegation.

Recognising that some decisions may not be of obvious benefit to, or impact directly upon, all component parts of represented organisations, members shall seek to pay due regard to the best interests of the population of Grampian in delivering a sustainable system of healthcare.

5. Composition

Core Membership

Members have been identified to ensure a core representation of senior decision makers from across the organisation and wider system. Supplementary members will be included for specific discussions to keep the Strategic Change Board an effective forum.

Members of the Strategic Change Board are appointed by the Chief Executive's Team and IJB's. The core membership is as follows:

Name	Role
Core Members	
June Brown (Co-Chair)	Deputy CEO / Executive Nurse Director/ Route Map Exec Lead
Judith Proctor (Co-Chair)	Chief Officer, HSCM
Alex Stephen	Director of Finance
Susan Webb	Director of Public Health / Population Health Portfolio
Steven Lyndsay	Employee Director
Stuart Humphreys	Director of Marketing & Corporate Communications
Nick Fluck	Executive Medical Director
Geraldine Fraser	Portfolio Executive Lead – IFP and MUSC
Tom Power	Director of People & Culture/CET Lead for Prioritisation
Ali McGruther	Chief Nurse, Aberdeenshire Health and Social Care Partnership
Fiona Mitchelhill	Chief Officer, Aberdeen City Health and Social Care Partnership
Kevin Sim	Consultant in Critical Care, ISCP Representative
Lorraine Scott	Head of Planning and Programmes
Alan Cooper	Programme Lead for Route Map for Strategic Change
Advisory Members	
Martin Innes	Chief Digital Officer
Gary Kidd	Assistant Director of Infrastructure & Sustainability
Sarah Irvine	Deputy Director of Finance
June Barnard	Acute Director of Nursing and Midwifery
Mark Burrell	Chair, Area Clinical Forum
Andy Keen	Clinical Lead for Innovation
James Cannon	Director of Regional Planning - North
Alan Bell	Head of Information Governance
David Pfleger	Director of Pharmacy
Lynn Morrison	Director of AHPs
Linda Downie	Vice-Chair GP Sub-Committee
Robert Lockhart	Clinical Lead for Primary Care, Moray & Chair Grampian Area Medical Committee

Strategic Change Board Chair

The Board will be co-chaired by the Deputy Chief Executive and nominated Chief Officer. The Chief Officer co-chair will rotate between the Chief Officer cohort on an annual basis. In the absence of the Deputy Chief Executive a nominated member of the core group will co-chair the meeting.

Support Function for Strategic Change Board

Secretarial support will be provided by the Executive Business Unit (EBU) specifically in relation to arrangement of meetings and action notes.

The PIP Directorate will provide the necessary support to the Co-Chairs in relation to agenda setting, decision log, updating action trackers, facilitating assurance reports and development of commissions for the agreement by the Strategic Change Board.

Attendance

Members are expected to attend meetings wherever possible. In exceptional circumstances, and subject to prior approval of a Co-Chair, a deputy can attend.

At the invitation of a Co-Chair, other persons may also attend meetings for specific agenda items.

6. Meeting Arrangements

Meetings will initially be 2-3 weekly until the Route Map for Strategic Change is agreed, thereafter the Board will meet monthly, or as determined by the Chair.

Any member of the collaborative can ask for a meeting to be convened, or for a matter to be considered in correspondence.

The quorum for the meeting is 75% of core members. A duly convened meeting of the Strategic Change Board at which quorum is present shall be considered competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by members in accordance with the appropriate organisational Scheme of Delegation.

Unless otherwise agreed, notice of each meeting confirming venue, time, and date with an agenda of any items to be discussed shall be circulated to each member of the collaborative, and any other person required to attend, no later than 5 working days before the date of the meeting. Supporting papers shall be sent to members, and to other attendees as appropriate, no later than 5 working days before the date of the meeting.

Draft minutes shall be sent to the Chair within 4 business days of the meeting and submitted for formal agreement at the next meeting.

7. Reporting

The Co-Chairs shall report formally to the Chief Executive's Team – which includes HSCP Chief Officers – on its proceedings after each meeting.

The Strategic Change Board will make whatever recommendations to the Chief Executive's Team – which includes HSCP Chief Officers – that it deems appropriate in any area within its remit where action or improvement is needed. Recommendations requiring action or approval by IJBs will be made on a case-by-case basis and in accordance with IJB governance arrangements.

The Strategic Change Board will provide relevant assurance to the CET – which includes HSCP Chief Officers, NHS Grampian Board (via PAFIC) and 3 IJBs as appropriate. The governance arrangements (including sub-groups) are outlined in the organogram below. Sub-groups will be established according to the agreed strategic change priorities.

Governance Chart

